

ACCESS TO HEALTH AND SOCIAL SERVICES FOR QUEBEC'S ENGLISH-SPEAKING MINORITY COMMUNITIES

Recent Challenges, Legislative Context, and Research Recommendations

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Introduction

This brief offers preliminary observations about existing research on access to health and social services for Quebec’s English-speaking official language minority community (OLMC). It identifies research themes and needs.

The brief also makes a recommendation for measures that would strengthen the research ecosystem and thus support work in the field.

As such, this brief addresses Priority G – “the need for research, evidence, and solutions to support health care access in one’s chosen language” – outlined in the preparatory document for the Standing Committee’s study mentioned above.

About QUESCREN

Housed at Concordia University in Montreal, the [Quebec English-Speaking Communities Research Network \(QUESCREN\)](#) was launched in 2009. It is a collaborative network of researchers, community members, and institutions.

Mission

Its mission is to provide opportunities to promote the understanding and vitality of English-speaking Quebec through research, knowledge mobilization, networking, and outreach.

Vision

QUESCREN envisions an inclusive Quebec where the vitality of English speakers is enhanced through easy access to clear, relevant, evidence-based, and collaborative research.

Activities

- Mobilizing knowledge: events, bibliography, newsletter, event videos, social media, online research hub
- Researching and publishing
- Networking the English-language education sector through our Inter-Level Educational Table
- Developing and supporting our network of researcher-members
- Managing multi-partner community-based research and development projects
- Training students

Initial observations: Current research on access to health and social services for Quebec's English-speaking minority communities

Preparing this brief involved reviewing relevant resources listed in tools QUESCREN produces: the Bibliography on English-Speaking Quebec¹ and the Community Knowledge Open Library.² This includes resources produced by the Community Health and Social Services Network (CHSSN).

Most current research on this topic is presented in report form, and includes both quantitative and qualitative studies. Of note are the contributions of English-speaking community organizations as knowledge producers that offer insights on local communities and their access challenges. Overall, there is a good knowledge base and capacity for research on healthcare access for English-speaking communities in Quebec.

The creation of CHSSN in 2000 had a significant impact in this regard: systematic data collection produced key analyses and detailed regional profiles. Since 2005, CHSSN has commissioned five annual baseline data reports, which provide socio-demographic profiles of English-speaking communities in all Quebec regions, identify healthcare needs, and highlight regional access disparities. These surveys also help track access-to-service trends in English over time. CHSSN's Enhancing Knowledge project³ further supports strategic knowledge development by partnering with research institutions to gather health data on English-speaking communities. The goal is to empower communities with current data and foster collaboration among communities, researchers, and the public health system to influence policy and improve health outcomes.⁴

¹ A combined search of subjects "Health" and "Health Care System" in the Bibliography returned 231 results: https://quescren.concordia.ca/en/search?subject=EIX5EE8G.9G9DWCCP&sort=date_desc

² A combined search of subjects "Health," "Healthcare," and "Access" yielded 243 results: <https://ckol.quescren.ca/en/lib/?subject=KTNGBRXR.HOK2VZCT.TC3N267G>

³ The project can be viewed at: <https://chssn.org/projects/enhancing-knowledge/>

⁴ Joanne Pocock, "Quebec's English-Speaking Community and the Partnership Approach of Its Networks in Health," *Minorités linguistiques et société / Linguistic Minorities and Society* Vol. 15-16 (2021): 264–283. <https://www.erudit.org/en/journals/minling/2021-n15-16-minling06133/1078485ar.pdf>.

Thematic overview

Access to health and social services can be defined as “the opportunity to identify healthcare needs, to seek, to reach, to obtain or use health and social services and to actually have the need for services fulfilled.”⁵ Access is influenced by socio-economic and linguistic factors affecting patients, providers, and the system itself.

Several key themes in recent research emerge, three of which are outlined below. They reflect current concerns about health access for English speakers and point to the need for further research.

I. Legal and policy frameworks guaranteeing access

Quebec's *Act Respecting Health Services and Social Services* (Sections 15, 348, and 508)⁶ grants English-speaking communities the right to receive services in English in designated institutions across the province, though access remains inconsistent, especially outside Montreal.

James Carter outlines the history of these rights,⁷ highlighting key developments like the 1984 community campaign that led to amendments in the Act two years later, establishing a qualified right to English services. Access programs, created in 1989, required certain institutions to offer services in both English and French. Further amendments created provincial and regional advisory bodies, giving the community a formal role in advising on English-language services.

Since 2000, Quebec's healthcare system has undergone three major reforms.⁸ Carter argues that legislative protections are vital for upholding English speakers' rights to health and social services

⁵ Jean-Frederic Levesque, Marc Harris, and Grant Russell, “Patient-centred access to health care: conceptualising access at the interface of health systems and populations,” *International Journal of Equity in Health* Vol. 12, no. 18 (2013), p. 8. Cited in Alexandra Ethier and Annie Carrier, “Strategies to Access Health and Social Services for English-Speaking Older Adults in Quebec: A Qualitative Case Study,” *Canadian Social Work Review / Revue canadienne de service social* Vol. 40, no. 1 (2023), p. 2.

⁶ Government of Quebec, *Act Respecting Health Services and Social Services*, <https://www.legisquebec.gouv.qc.ca/en/document/cs/s-4.2>.

⁷ James Carter, “What Future for English-Language Health and Social Services in Quebec?” In *Decline and Prospects of the English-Speaking communities of Quebec*, edited by Richard Y. Bourhis, pp. 215-244, Ottawa: Canadian Heritage, 2012. https://publications.gc.ca/collections/collection_2014/pc-ch/CH3-2-16-2013-eng.pdf The original law was adopted in 1971; see Government of Quebec, Ministère de la Santé et des Services sociaux, “Health and Social Services System in Brief,” <https://www.msss.gouv.qc.ca/en/reseau/systeme-de-sante-et-de-services-sociaux-en-bref/contexte/>, accessed 2024-10-31. Versions of the act are listed on the CanLII website under the tab “87 older versions” at <https://www.canlii.org/en/qc/#search/jld=qc,unspecified&text=Act%20Respecting%20Health%20Services%20and%20Social%20Services%20&searchId=2024-10-31T13%3A18%3A39%3A509%2F3828ba2e19d24e2d8942a79a1e0bc4e9&origId=qc>

⁸ In 2003, the *Act Respecting Local Health and Social Services Network Development Agencies* merged institutions such as local community service centres (CLSCs), hospitals and residential and long-term care homes into 95 centres for health and social services (CSSS). Then, in 2015, the *Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies* further restructured the system by merging 182 health and social services

during such shifts. English-speaking communities worked with the provincial government to safeguard these rights, even taking legal action when necessary.⁹ This ongoing defense is documented in resources from Alliance Quebec in the 1990s¹⁰ and the Quebec Communities Groups Network (QCGN) in subsequent years.¹¹ Regardless, according to Carter, political and financial pressures led the provincial government to shift its focus towards promoting French and forcing institutional mergers that reduced the number of designated English-service providers.¹²

Carter expresses concern about potential changes to English speakers' rights under the new *Act Respecting the Governance of the Health and Social Services System* (passed in 2023).¹³ It further centralizes health services and may reduce responsiveness to the needs of Anglophone communities. It moves the responsibility for developing access programs from local institutions to the newly created Santé Québec agency, which might make these programs less tailored to local needs.¹⁴ CHSSN proposed amendments to maintain local Anglophone communities' involvement in creating these programs.¹⁵ The government later confirmed¹⁶ that local institutions and regional access committees will continue to develop access programs, as they are best suited to assess the needs of English-speaking patients.

Carter stresses the importance of remaining vigilant about protecting legislative guarantees for healthcare services in English and calls this state of alertness “political preparedness.” In his view, as history has shown, English-speaking communities should be ready to address any political changes that

institutions, including the 95 CSSS, with public child and youth protection centres and public rehabilitation centres. It also created four integrated university health networks with assigned territories for service across the province. The most recent reform, the *Act Respecting the Governance of the Health and Social Services System*, passed in 2023, establishes, among other changes, a new government agency, Santé Québec, to manage the day-to-day operations of healthcare services, while the Ministère de la Santé et des Services sociaux retains control over strategic policies and planning.

⁹ Carter, 2012.

¹⁰ For example, Alliance Quebec, “Alliance Quebec Demands That People Receive Health and Social Services in the Language They Choose to Use,” Media Release, October 22, 1997.

<https://ckol.quescren.ca/en/lib/Z2IXK8XD>. Alliance Quebec, “Alliance-Quebec Condemns Language Bureaucrats' Involvement in Health Care,” Media Release, January 24, 1997.

<https://ckol.quescren.ca/en/lib/JL8ETKDB>. Alliance Quebec, *Communication and Efficiency: Language and Health Care Brief Presented to the Clair Commission*, 2001. <https://ckol.quescren.ca/en/lib/UJUBX9XY>.

¹¹ Examples include: Quebec Community Groups Network (QCGN), Brief Submitted to la Commission de la Santé et des Services Sociaux de l'Assemblée Nationale du Québec Concerning Bill 10, *An Act to Modify the Organization of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies*, Montreal, QC, 2014. <https://ckol.quescren.ca/en/lib/ORYJ4QJH>. Quebec Community Groups Network (QCGN), “QCGN Statement on Bill 15 and Closure,” Media Release, December 8, 2023.

<https://ckol.quescren.ca/en/lib/CL7PKNMN>.

¹² Carter, 2012, p. 219.

¹³ “Protecting English-Speakers' Rights in the New Santé Québec,” an interview with James Carter, CHSSN Community NetLink, Spring 2024, pp. 8-9. https://chssn.org/wp-content/uploads/2024/06/CHS-NetLink-Spring-2024-EN_VF-webpages-compressed.pdf

¹⁴ *Ibid.*

¹⁵ “Protecting English-Speakers' Rights in the New Santé Québec,” 2024; Community Health and Social Services Network (CHSSN), *Bill 15 and Legislative Guarantees of Health and Social Services in English*. A Brief Submitted to the Provincial Government, May 15, 2023. <https://chssn.org/brief-bill-15/>

¹⁶ “Protecting English-Speakers' Rights in the New Santé Québec,” 2024, p. 8.

can revive debates about the legitimacy of these guarantees.¹⁷ Ideally, ongoing research on health reforms and legislation, and their effects on English-speaking Quebec, should be produced and mobilized to ensure that Quebec's OLMC understands this evolving and important environment.

2. Patients' strategies to overcome language barriers in healthcare

The Quebec Ministère de la Santé et des Services sociaux emphasizes the importance of language and clear communication in ensuring quality health and social services.¹⁸ The ministry's guidelines for the development of government-approved access programs for Anglophone communities stress that English-speaking individuals need to understand the services they receive to ensure safety, quality, accurate information exchange, informed consent, and confidentiality. The guidelines highlight that language barriers can lead to issues like medication errors, misdiagnosis, and longer clinic visits; language barriers also make it harder for English speakers to navigate the healthcare system.¹⁹

Access barriers for Anglophone patients are well-documented, especially for vulnerable groups like seniors, youth, and those living in remote areas. More research is needed for BIPOC (Black, Indigenous, and people of colour) communities and for individuals living with mental health issues. Several studies capture the views of Anglophone patients on their access to services and resources in English, especially in terms of issues of language and effective communication.²⁰ Focus group participants noted that their interactions with the healthcare system can be stressful when important medical information, like diagnoses or consent forms, is available only in French. Participants also stated that they feel these communication challenges negatively impact their health.²¹

Regarding patient experience, a comparison of surveys from 2019 and 2023 showed that while satisfaction with English services increased slightly (27% in 2023 vs. 23% in 2019), fewer Anglophones felt comfortable asking for services in English in 2023 (69%, down from 76% in 2019). Discomfort often

¹⁷ Carter, 2012.

¹⁸ *Ibid.*, p. 11.

¹⁹ Ministère de la Santé et des Services sociaux, *Guide pour l'élaboration de programmes d'accès aux services de santé et aux services sociaux en langue anglaise, cadre de référence*, April 2018. <https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-406-01VV.pdf>

²⁰ See, for example, Joanne Pocock, *Baseline Data Report 2018-2019 Part 2 (Focus Groups): English-Language Health and Social Services Access in Québec*, Community Health and Social Services Network, October 31, 2019. <https://ckol.quescren.ca/en/lib/QR9N45AX>

²¹ James Carter and Joanne Pocock, *Report on the Health and Social Services Priorities of English-speaking Communities in Quebec. To be submitted to Health Canada by the Health and Social Services Priorities Committee*, 2022, pp. 11-13. <https://chssn.org/wp-content/uploads/2022/10/HC-Priorities-Report-Feb-2022-FINAL.pdf>

stemmed from factors such as staff attitudes, the belief that services would be better in French, or concerns that requesting English might cause delays.²²

Research on English-speaking patients, particularly seniors, shows their strategies to navigate language barriers in the healthcare system. Alexandra Ethier and Annie Carrier's study²³ with Anglophone older adults in the Eastern Townships indicates that many rely on word of mouth and local organizations to find health services in English, as these are often not promoted. Some decide to access the healthcare system directly in French or turn to French-speaking neighbours or members of their places of worship for help. Once in the system, they use further strategies to communicate with service providers. Some resolve the language barrier by addressing providers directly in English. Others might begin their appointment in French to create "a climate of openness"²⁴ before switching to English. Still others prepare to speak only in French during the appointment, sometimes accompanied by a caregiver as an interpreter. However, these strategies have limitations. For example, some feel excluded when their interpreter does not fully relay the conversation with the service provider. Overall, Ethier and Carrier's article underscores seniors' heavy reliance on community and social networks and on informal caregivers in overcoming barriers to access.

What about the health and social service providers? In Quebec, between 2001 and 2016, among healthcare workers who used English at work, 18.9% used it as their primary language, 15.6% used it equally with another language (mostly French), and 65.5% used it regularly as a secondary language.²⁵ Primary use of English has decreased by 7.7% since 2001, and 44.1% of English-speaking healthcare workers did not use English at work at all.²⁶ Unfortunately, there is a lack of research on health professionals' perspectives, such as their views about their English-French bilingualism and ability to assist English-speaking patients.

3. Access to services for individuals living with mental health issues

Research indicates that mental health is becoming a research priority for English-speaking communities, especially after the COVID-19 pandemic. A Quebec-wide Université de Sherbrooke study found that young adults, Anglophones, and healthcare workers were among the Quebecers most affected by the pandemic. English speakers were twice as likely as the majority population to experience anxiety or

²² Community Health and Social Services Network (CHSSN) and CROP, *English-Language Health and Social Services Access in Québec, Comparison 2019-2023*, Report, https://chssn.org/wp-content/uploads/2024/04/23-10007-English-language-Health-and-Social-Services-Access-in-Quebec-CHSSN_2023-2019-English-version-March-25-2024-min.pdf

²³ Ethier and Carrier, 2023.

²⁴ *Ibid.*, p. 12.

²⁵ Statistics Canada, *Knowledge and Use of the Official Minority Language at Work by Healthcare Workers, 2001 to 2016*, 2021. <https://www150.statcan.gc.ca/n1/en/pub/89-657-x/89-657-x2021005-eng.pdf?st=TKSpxtgy>

²⁶ *Ibid.*

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depression.²⁷ Also, suicide risk is increasing among Quebec's English-speaking population. Data from the *Enquête québécoise sur la santé de la population* indicates that in 2020-2021, 12.4% of English speakers aged 15 and older reported having seriously considered or attempted suicide, up from 8.4% in 2014-2015.²⁸ Furthermore, a survey of English-speaking men and fathers revealed that they were more likely than their Francophone counterparts to feel a negative impact from COVID-19 on daily life (74% vs. 66%) and financial health (27% vs. 21%). They also reported higher psychological distress (22% vs. 12%).²⁹ These trends underscore the urgent need for better access to English-language mental health prevention services in Quebec.

Youth mental health is of particular concern. CHSSN's *Youth Pulse Check* survey³⁰ gathered insights from 456 English-speaking youth in Quebec (ages 18-29) across 14 regions. It revealed significant mental health challenges, with 90% reporting struggles with mental wellbeing, especially exacerbated by the pandemic. Barriers to mental health services include long wait times, high costs, limited services in English, and a lack of information, especially in rural areas where stigma about mental health remains high. Many youth turn to friends and family for support, with 15% unsure where to seek help if needed.³¹

Certain groups, including LGBTQIA2S+ individuals, Black youth, former foster youth, and those with disabilities, face additional challenges. Young people reported the negative mental health impact of financial stress. English-speaking youth are particularly vulnerable due to higher socioeconomic challenges. Respondents expressed the need for more culturally responsive, trauma-informed services and support for various subgroups, including Indigenous, immigrant, and financially struggling youth.³²

Overall, the survey findings emphasize a pressing need for accessible, culturally appropriate mental health services in English, with youth expressing strong interest in being heard and involved in finding solutions.³³

²⁷ Université de Sherbrooke, "Quebeckers' Mental Health Is Deteriorating: Together, We Can Improve Things," Media Release, December 1, 2020, <https://www.usherbrooke.ca/actualites/relations-medias/communiqués/2020/decembre/communiqués-detail/44088>

²⁸ Community Health and Social Services Network (CHSSN), *Suicide Risk for Quebec's English-Speaking Population*, n.d., <https://chssn.org/wp-content/uploads/2024/09/V2-ENG-min.pdf>

²⁹ Jacques Roy, *Portrait of Men and Fathers in Quebec's English-Speaking Community & Their Relationship to Services - A Sociological View*, Community Health and Social Services Network (CHSSN), 2021. <https://ckol.quescren.ca/en/lib/TK5RKBJR>

³⁰ Sunita Nigam, *Youth Pulse Check: Survey Results Report*, Community Health and Social Services Network (CHSSN), 2022. <https://ckol.quescren.ca/en/lib/8MZ9Z2S9>

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*

Recommendation

Currently, research on access to health and social services for English-speaking communities in Quebec has gaps. It is also dispersed among various groups like researchers, consultants, and organizations. To improve access to the research itself, it should be brought together. QUESCREN has begun this work through its three online tools (Bibliography on English-Speaking Quebec,³⁴ the Community Knowledge Open Library [CKOL],³⁵ and the Data Portal on English-Speaking Quebec [DESQ]³⁶), but more could be done to make these more attractive, user-friendly, up-to-date, and sustainable. This would benefit researchers as well as community organizers, who could strengthen their understanding and messaging, and policy makers in developing evidence-based decisions and programs.

Therefore, we propose the following recommendation:

That the federal government provide funding for strengthening the research ecosystem (including the production and mobilization of knowledge), on health and social services for English-speaking communities in Quebec.

This could include support for:

- **a comprehensive literature review to uncover additional gaps and specific research needs;**
- **more research addressing gaps identified in this brief, including the impacts of legislative changes on English-language services, healthcare providers' perspectives on their ability to assist English-speaking patients, and best practices for culturally responsive mental health services for marginalized groups;**
- **improvement and maintenance of online resources that consolidate existing research, foster a collaborative network of researchers and partners, and strengthen knowledge mobilization. This may include supporting tools such as the CHSSN Document Centre,³⁷ the Bibliography on English-Speaking Quebec, CKOL, and DESQ.**
- **Additionally, develop a new integrated portal to showcase this knowledge and tools, featuring full-text versions of relevant research, data, and**

³⁴ The Bibliography is accessible at: <https://quescren.concordia.ca/en/search>

³⁵ CKOL is accessible at: <https://ckol.quescren.ca/en/lib/>

³⁶ DESQ can be viewed at: <https://desq.quescren.ca/en/dataset/>

³⁷ CHSSN's Document Centre is available at: <https://chssn.org/documents/>

documentation, along with dedicated spaces for networking and collaboration.

The information portal³⁸ for healthcare research in French-speaking OLMCs across Canada could provide some inspiration for improvements. It would also support collaboration within the network for research and knowledge sharing within Quebec and between English- and French-speaking OLMCs across Canada. It would strengthen the foundation for future efforts to address the healthcare access needs of English-speaking communities in Quebec.

³⁸ The portal can be accessed at: <https://sante-closm.ca/en/>.

Conclusion

Research indicates that access to health and social services is a pressing issue for Quebec's English-speaking communities, which face unique challenges related to language, socio-economic factors, and mental health. Although there are legislative protections for English-language services, gaps in availability and communication persist, especially for vulnerable groups like youth, seniors, and marginalized communities. These barriers are exacerbated by various factors including limited resources in certain regions. The situation is very complex and significant. This highlights, in my view, a need for coordinated research efforts and funding to address research gaps. User-friendly online tools would improve data access, support knowledge sharing, and foster a unified approach to healthcare needs, encouraging responsive policies and more accessible services for English-speaking Quebecers.

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